

APS Programs Overview

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EMPLOYMENT & HUMAN SERVICES

Virtual House Keeping

- ▶ Check your mute buttons
- ▶ Questions
- ▶ Break
- ▶ Takeaways



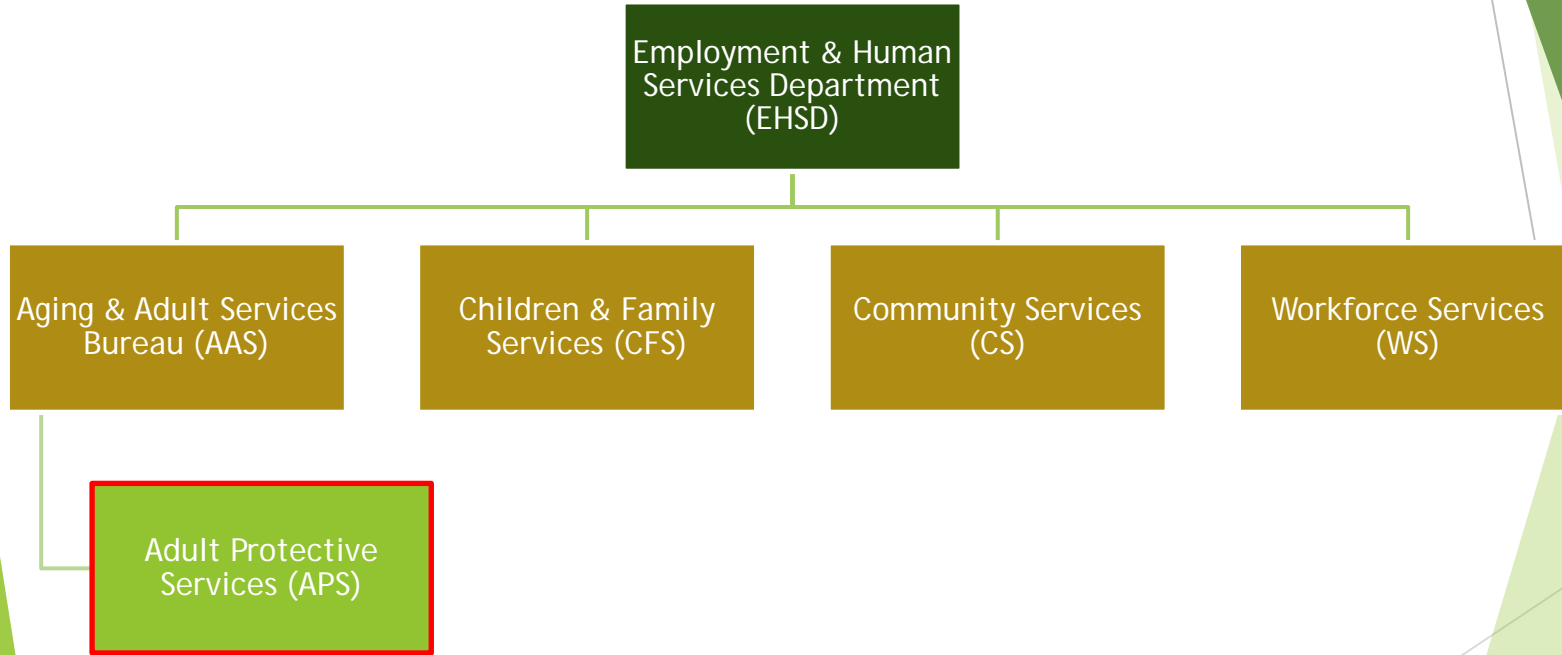
What is APS?

<https://youtu.be/cDuBZeaNi5E>

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Organizational Structure



Population Served

Adult Protective Services are provided to reduce or prevent danger to dependent adults and the elderly who are at risk for abuse or neglect.

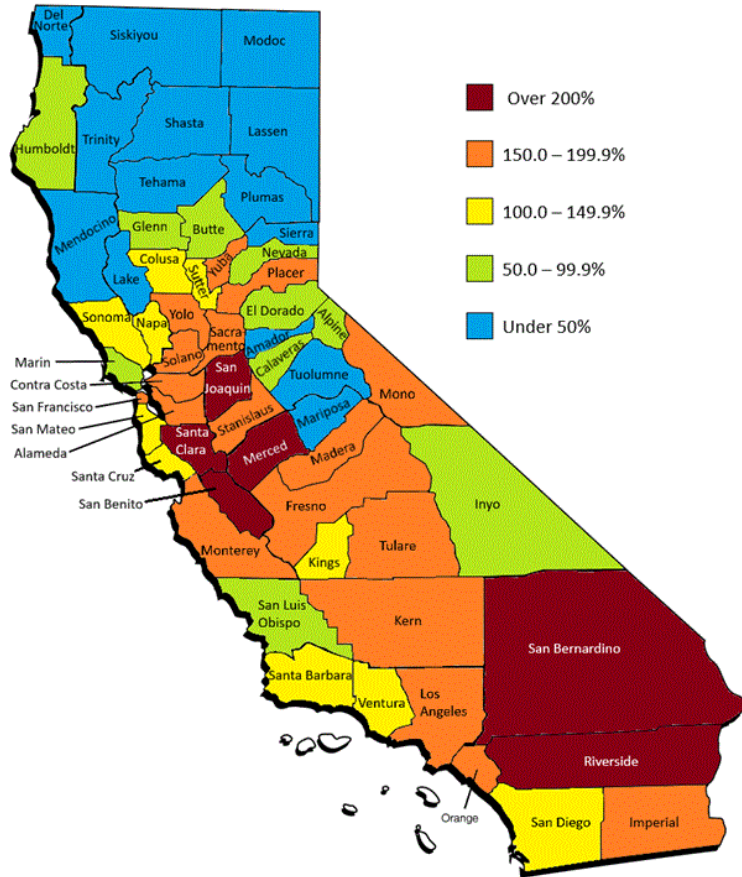
Elders

- Age 60 and over*
- Suspected victim of abuse, neglect or self neglect
- Lives in Contra Costa County

Dependent Adults

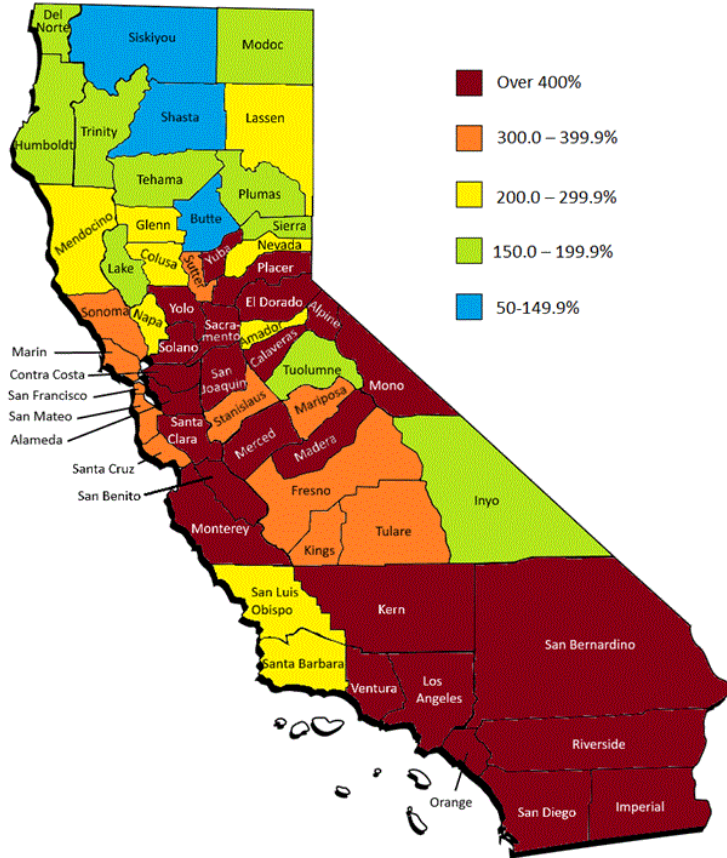
- Age 18-59*
- Who has physical or mental limitations
- Unable to perform ADLs
- Unable to protect own rights

Increased Elderly Population: 2010 to 2060



- ▶ Elderly Population Aged 60+
- ▶ Contra Costa - 191.37%

Increased Elderly Population: 2010 to 2060



- ▶ Elderly Population Aged 85+
- ▶ Contra Costa - 485.26%

Goals of APS

- Prevent and reduce abuse
- Maintain safely in the home
- Provide services
- Linkage to community services

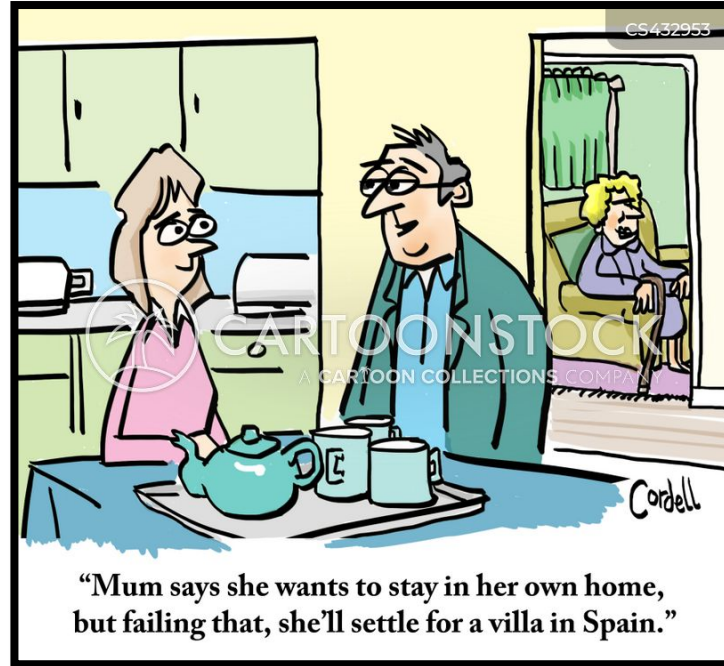


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Principles of APS Intervention

- Self-Determination
- Least restrictive
- APS **CANNOT**...
 - Force services on a person who has the capacity to consent
 - Involuntarily remove someone from their home
 - Provide services for which there are no available resources
 - Enforce the law
 - Reveal the identity of a reporter



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What allegations do you think APS receives?

What is the highest reports of allegations and why?



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Allegations

- Neglect
- Physical
- Sexual
- Abandonment
- Abduction
- Financial
- Isolation
- Psychological/Mental
- Self Neglect

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Self-Neglect

- Physical Care
- Medical Care
- Health & Safety Hazard
- Financial Self-Neglect



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Physical Abuse Indicators

- Under or over-medicating the victim
- Inadequately explained fractures, bruises, welts, cuts, sores and burns
- Bruise or burn patterns inconsistent with explanation
- Bruises and injuries in different stages of healing
- Medication used to restrain victim
- Fearful reaction to specific individual or situation

Sexual Abuse Indicators

- Touching
- Fondling
- Intercourse
- Sexual activity when:
 - Adult is unable to understand
- Unwilling to consent
- Threatened
- Physically forced

Neglect Indicators

- Bed sores
- Unsanitary environment
- Smells of urine and/or feces
- Unkempt appearance
- Poor personal hygiene
- Untreated medical condition
- Misuse of medications

Financial Indicators

- Sudden, unjustified selling of property
- Missing/stolen money or property
- Disparity between assets/living conditions
- Increased or unusual withdrawals from liquid assets
- Changes in legal documents
- Disconnected utilities
- Extraordinary interest by family or friends in personal assets
- Use of Power of Attorney, Conservatorship or other legal means to control assets
- Personal belongings missing
- Banking problems, unnecessary loans & mortgages
- New lines of credit
- Missing or redirected mail

Top 10 Elderly Financial Scams

1. Medicare/Health Insurance scams
2. Counterfeit prescription drugs
3. Funeral & Cemetery scams
4. Fraudulent anti-aging products
5. Telemarketing/ phone scams
6. Internet Fraud
7. Investment schemes
8. Homeowner/reverse mortgage scams
9. Sweepstakes & lottery scams
10. The grandparent scam



Psychological/Mental

- Verbal assaults
- Threats of abuse
- Harassment
- Intimidation
- Ignoring
- Belittling
- Infantilizing the needs of adults.
- Neglecting or discounting emotional well being

Abandonment

- Leaving alone and unable to care for self
- Dropping off at the hospital without providing basic information
- Leaving alone when supervision is needed
- Failing to provide care without making other arrangements for an alternate caregiver

Isolation

- Preventing the elder or dependent adult from having contact with family, friends, or concerned persons
- Restricting Mail
- Restricting Calls
- Turning Away Visitors
- Locking the elder or dependent adult in a room or home



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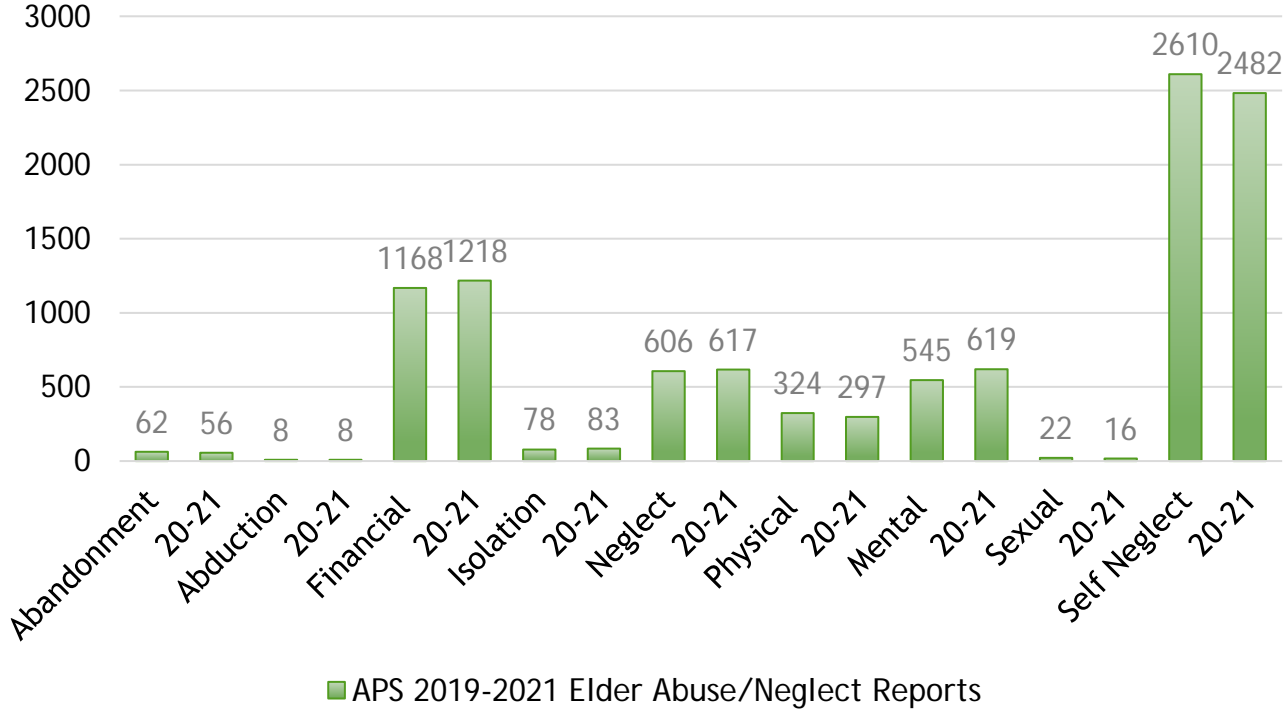
Abduction

- Removal from California
- Restraint from Returning
- Lacks capacity to consent to removal or restraint

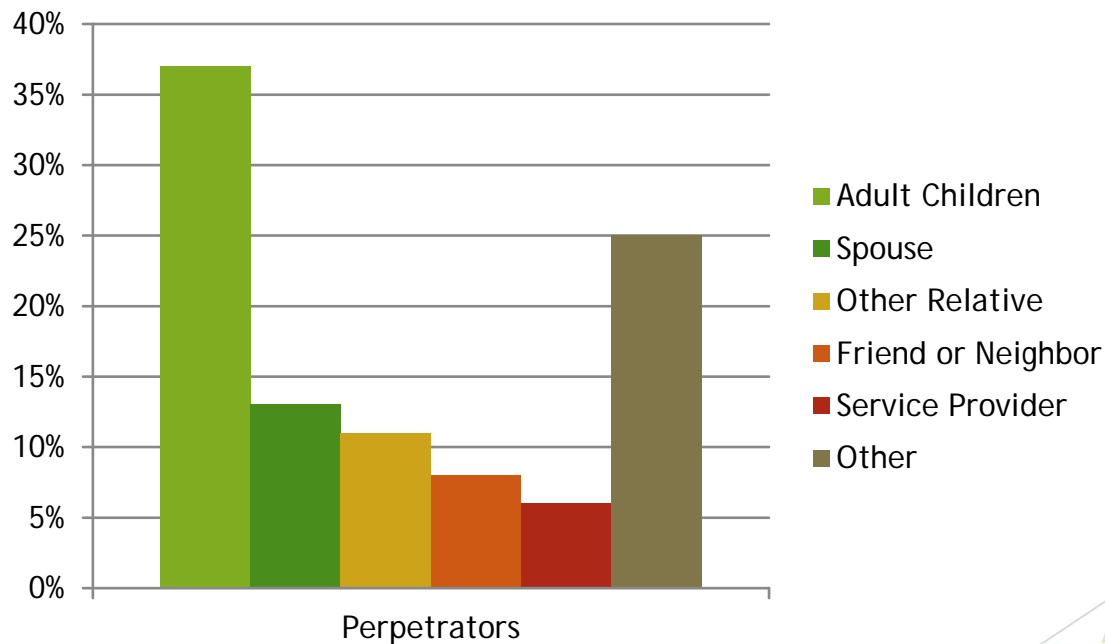
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APS 2019-2021 Dependent Adult and Elder Abuse/Neglect Reports



Abuser Statistics



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BREAK TIME!!!



makeameme.org

Break Out Group

Is the victim an elder or dependent adult?

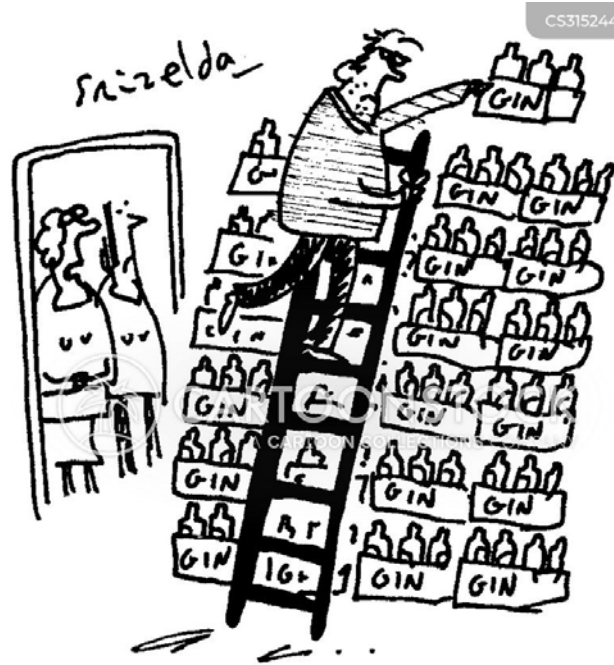
Would you report?

What is/are the allegations?

Key information to provide to APS.

What resources would you recommend

Supportive Programs



“He’s making preparations for his elderly care.”

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Home Safe Program

- ▶ Safety and housing stability of elders and dependent adults
- ▶ Experiencing or at risk of homelessness
- ▶ Range of support strategies
 - ▶ Short-term financial assistance
 - ▶ Legal services
 - ▶ Heavy cleaning, etc
 - ▶ Health, Housing & Homeless Services (H3)/HUME Center

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Cal OES

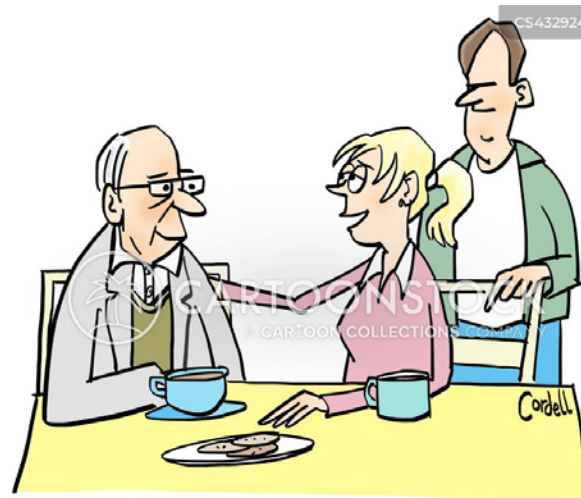
- ▶ Coordination and collaboration with county service organizations
 - ▶ Operational Agreements
 - ▶ Elder Abuse Prevention Project (EAPP)
 - ▶ Multidisciplinary Teams (MDT): Financial Abuse Strike (FAST), Elder Death Review
- ▶ Elder Abuse Victim Specialist
- ▶ Ad campaigns

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Elder Abuse Prevention Project (EAPP)

- ▶ Meals on Wheels
- ▶ Senior Legal Services
- ▶ Family Justice Alliance
 - ▶ Forensic Accountant
- ▶ District Attorney
- ▶ Diablo Valley Foundation for the Aging
- ▶ Empowered Aging



“Don’t worry - the Power of Dad still trumps the Power of Attorney.”

Mandated Reporting



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When to Report?

- Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse.
- By telephone or through a confidential internet reporting tool
 - **immediately or as soon as practicably possible**
- If making a report via telephone, follow-up with a written-report
 - **within two working days**

What are the most important pieces of information to include in a report?



Key Information to Provide on Reports

- Your Name
- The name and age of the elder or dependent adult
- Suspected Abuser's name and information
- The present location of the elder or dependent adult
- Family Member names and addresses
- Others parties responsible for the elder's or dependent adult's care
- The nature and extent of the elder's or dependent adult's condition
- Date & location of the incident
- Any other information

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Failure to Report

- Legal Consequences:
- Up to Six Months in County Jail
- \$1000 Fine
- Both Jail & Fine

- If Abuse Results in Death or Great Bodily Harm:
- Up to One Year in County Jail
- \$5000 Fine
- Both Jail and Fine

- Failure to report can result in a misdemeanor

To Make a Verbal Report

* * * 24 hours / 7 days / week * * *
Toll -Free

(925) 602-4179

OR -

1-877-839-4347

Then fax the 341/342 written report at 925-602-4195

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APS Intake Narrative

Participants:

- ▶ Alleged Victim (AV) was (Allegation) by Suspected Abuser (SA). SA's Relationship to AV.
- ▶ **Key information:** Relation between AV and SA: History, Current situation

APS Criteria:

- ▶ AV is an Elder/Dependent Adult. Description of adult that qualifies AV to be an Elder/Dependent Adult.
- ▶ **Key information:** Age, Disabilities/ Impairments / Capacity

Allegation:

- ▶ On (alleged incident date)... (Description of alleged incident/allegation).
- ▶ **Key information:** details, witnesses, law enforcement or other providers' involvement.

Reporting Party:

- ▶ Witness to allegation or was verbally informed? Expectations.

Other:

- ▶ Safety concerns for initial contact (please provide details):
- ▶ Law Enforcement Activities:
- ▶ Other Service Providers:
- ▶ COVID-19 Screening:
- ▶ Intake provided resources or referrals:
- ▶ Additional information provided:

Example of Narrative

Jane Miller (AV) was allegedly physically abused by Scott Summers (SA). SA is the spouse of AV.

AV is an Elder Adult. AV is an 89-year-old female currently living in her own home. AV has difficulties with mobility, dressing, and toileting. AV has an IHSS caregiver and it is reported AV and SA's daughter has DPOA.

It was reported on 4/13/2022 AV was sitting on the couch and started yelling at SA. SA then proceeded to get up and hit AV in the mouth. Reporter witnessed this incident and separated AV and SA immediately. AV was reported to have a bloody mouth and was very upset SA made her bleed.

Local Law Enforcement was contacted, came to the home but SA was not taken into custody.

Safety Concerns: Unstable behavior (SA)

Law Enforcement Activity: Yes, LE report # UH-187007

Other Service Providers: IHSS #873293

COVID-19 Screening: No concerns

Additional Information: It's reported AV and SA have a history of domestic violence against each other. SA is an Elder Adult and may have cognitive capacity issues.

To Make an Online Report for Mandated Reporters

- ❖ To fill out the SOC 341 form via online, make the report at www.reporttoaps.org
- ❖ Select Contra Costa County Intake Form

SOC341

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**CONFIDENTIAL REPORT -
NOT SUBJECT TO PUBLIC DISCLOSURE**

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE DATE COMPLETED

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM Check box if victim consents to disclosure of information (Ombudsman use only - WIC 15636(a))

NAME (LAST, FIRST, MIDDLE) _____ SEX _____ DATE OF BIRTH _____

SEX _____ GENDER M F ETHNICITY _____ LANGUAGE (IF CHECK ONE) NON-VERBAL ENGLISH OTHER (SPECIFY) _____

ADDRESS (IF FACILITY INCLUDE NAME AND NOTIFY OMBUDSMAN) _____ CITY _____ ZIP CODE _____ TELEPHONE _____

PRESENT LOCATION (IF DIFFERENT FROM ABOVE) _____ CITY _____ ZIP CODE _____ TELEPHONE _____

ELDERLY (65+) DEVELOPMENTALLY DISABLED MENTALLY ILL/DISABLED LIVES ALONE
 PHYSICALLY DISABLED UNKNOWN/OTHER LIVES WITH OTHERS

B. SUSPECTED ABUSER Check if *Self-Neglect*

NAME OF SUSPECTED ABUSER _____

ADDRESS _____ CITY _____ ZIP CODE _____ TELEPHONE _____

CARE GUSTODIAN (type) _____ PARENT SON/DAUGHTER OTHER _____
 HEALTH PRACTITIONER (type) _____ SPOUSE OTHER RELATION _____

SEX _____ ETHNICITY _____ AGE _____ DOB _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

M F

C. REPORTING PARTY Check appropriate box if reporting party uses confidentiality for: All All but victim All but perpetrator

NAME _____ SOCIAL SECURITY _____ OCCUPATION _____ AGENCY/NAME OF BUSINESS _____

RELATOR TO VICTIM/ABUSE IS KNOWN STREET _____ CITY _____ ZIP CODE _____ TELEPHONE _____

TRAIL ADDRESS _____

D. INCIDENT INFORMATION - Address where incident occurred

DATE/TIME OF INCIDENT(S) _____ PLACE OF INCIDENT (IF CHECK ONE)
 OWN HOME COMMUNITY CARE FACILITY HOSPITAL/ACUTE CARE HOSPITAL
 HOME OF ANOTHER NURSING FACILITY/SWING BED OTHER (Specify) _____

E. REPORTED TYPES OF ABUSE (IF CHECK ALL THAT APPLY)

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)

a. PHYSICAL (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication) b. SEXUAL c. FINANCIAL
a. ABANDONMENT t. ISOLATION
d. NEGLIGENCE (including Deprivation of Goods and Services by a Care Custodian) g. ABDUCTION h. PSYCHOLOGICAL/MENTAL
i. OTHER _____

2. SELF-NEGLECT (WIC 15610.57(b)(5))

a. PHYSICAL CARE (e.g. personal hygiene, food, clothing, shelter) d. MALNUTRITION/DEHYDRATION
b. MEDICAL CARE (e.g. physical and mental health needs) e. FINANCIAL SELF-NEGLECT (e.g. inability to manage one's own personal finances)
c. HEALTH AND SAFETY HAZARDS (e.g. risk of suicide, unsafe environment) t. OTHER _____

ABUSE RESULTED IN (IF CHECK ALL THAT APPLY)

NO PHYSICAL INJURY MINOR MEDICAL CARE HOSPITALIZATION CARE PROVIDER REQUIRED
 DEATH MENTAL SUFFERING SERIOUS BODILY INJURY* OTHER (SPECIFY) _____
 UNKNOWN

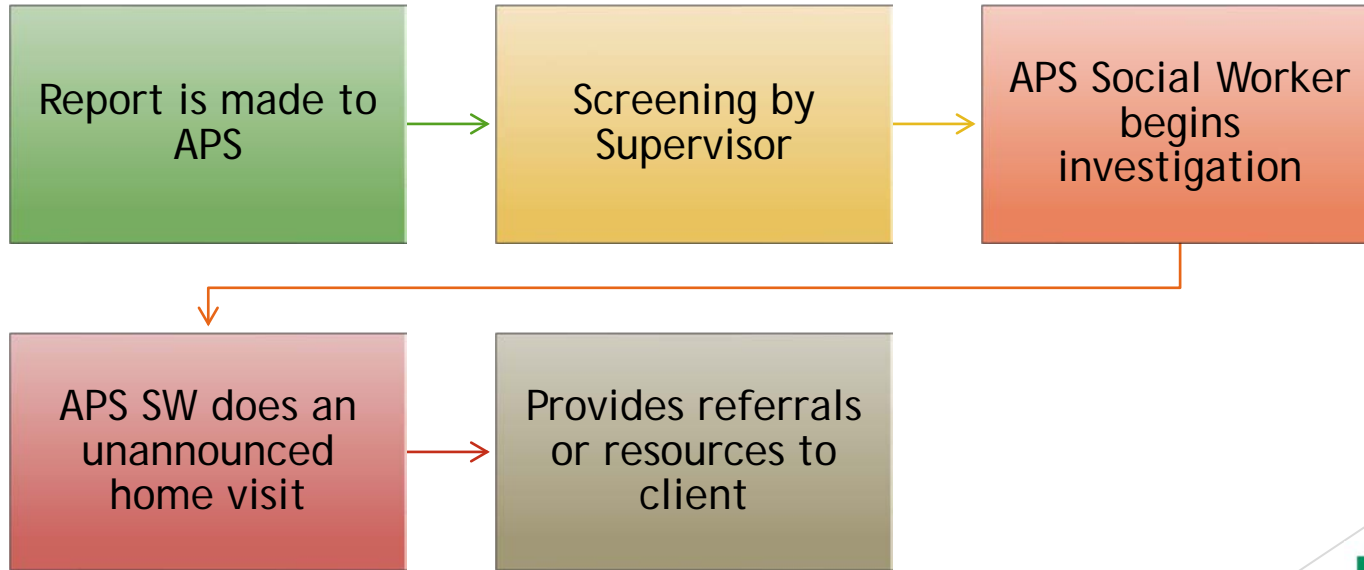
Reporting To Law Enforcement

- If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, but also no later than within two (2) hours
- Then report to APS and inform the APS worker that you made a police report

Empowered Aging/Long Term Care Ombudsman

- Investigates complaints of physical and/or financial abuse or neglect involving residents of assisted living facilities, licensed Residential Care Facilities for the Elderly (RCFE) and nursing homes.
- (925) 685-2070

APS Roadmap



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Questions?



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Thank you

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